

## **LABORATORY OF PATHOLOGY**

### **MIS Downtime Requisition for Tissue Exam / Cytology Exam**

**Surgical Pathology samples should be delivered to 2A22**

**Cytology samples should be delivered to the refrigerator outside 2A21**

<input type="checkbox"/> <b>RUSH</b>		<input type="checkbox"/> <b>ROUTINE</b>		<b>NIH Surgical Pathology #</b> (Assigned by LP)	
Specimen Submitted By: Name (Last, First, Middle Initial)		Address (building, room)		Date Obtained  <div style="text-align: center;">/ /</div>	
		Phone/Beeper#		Organization	
Principal Investigator Name (Last, First, Middle Initial)		Address (building, room)			
Clinical Diagnosis (required)					
Brief Clinical History (required)					
Site of sample submitted:					
Type of sample submitted:					
Patient Name		Age	DOB	Sex	LMP (if GYN sample)
NIH Medical Record Number:		Patient Location			
Notes:					